UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS - FACILITY

								(one page per site)				of		
TYPE OF ACTION 1. NEW SITE PERMIT 3. RENEWAL PERMIT 5.CHANGE OF INFORMATION									☐ 7.PERMANENTLY CLOSED SITE					
(Check one item only) 4. AMENDED PERMIT specify change local use only										OVED				
☐ 6.TEMPORARY SITE CLOSURE 400														
I. FACILITY / SITE INFORMATION														
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3 FACILIT	Y ID#													
												1		
NEAREST CROSS STREET 401				IER T			_			GENCY/D		ICT*		
DUGDIEGO DI CAS CTATION DA FADM. DE COMMEDIAN	1. CORPORATION 5. COUNTY AGENCY*													
BUSINESS ☐ 1. GAS STATION ☐ 3. FARM ☐ 5. COMMERCIAL TYPE ☐ 2. DISTRIBUTOR ☐ 4. PROCESSOR ☐ 6. OTHER 403		☐ 2. INDIVIDUAL ☐ 6. STATE AGENCY* ☐ 3. PARTNERSHIP ☐ 7. FEDERAL AGENCY*										402		
TOTAL NUMBER OF TANKS Is facility on Indian Reservation or	*If owner of UST is a public agency: name of													
REMAINING AT SITE trustlands?	operat	es the l	UST (T	This is t	he conta	ct person f	or the	tank re	ecords.)					
404 Yes No 405	405 406											406		
II. PROPERTY OWNER INFORMATION														
PROPERTY OWNER NAME	407	PH	PHONE 408						408					
MAILING OR STREET ADDRESS												409		
CITY 410	STATE	₹		411	711	P CODE						412		
	517111	_				CODE						412		
PROPERTY OWNER TYPE 1. CORPORATION 2. INDIVIDUAL	4.	LOC	AL A	GENC	Y / DIS	STRICT		6. ST.	ATE A	GENCY				
☐ 3. PARTNERSHI	P 🗆 5	. COL	JNTY	AGEN	NCY			7. FEI	DERAL	AGENC	Y	413		
III. TANK OWNER INFORMATION														
TANK OWNER NAME				414	PH	ONE						415		
MAILING OR STREET ADDRESS												416		
CITY 417	STATE	Ξ		418	ZII	CODE						419		
TANK OWNER TYPE 1. CORPORATION 2. INDIVIDUAL	<u> </u>	4. LOCAL AGENCY / DISTRIC					Γ 6. STATE AGENCY 420							
3. PARTNERSH	P 🗆 :	5. COUNTY AGENCY						☐ 7. FEDERAL AGENCY						
IV. BOARD OF EQUALIZATION US	Γ STO	RAG	E F	EE A	CCO	UNT N	UM	BEF	ł					
TY (TK) HQ 44-	Call (916) 322-9669 if questions arise									421				
V. PETROLEUM UST FINANCIAL RESPONSIBILITY														
INDICATE METHOD(s) ☐ 1. SELF-INSURED ☐ 4. SURETY BOND	☐ 7. S	TATE	E FUN	ID				10. I	OCAL	GOVT M	ECH4	NISM		
☐ 2. GUARANTEE ☐ 5. LETTER OF CREDIT		☐ 8. STATE FUND & CFO LETTER						☐ 10. LOCAL GOVT MECHANISM☐ 99. OTHER:						
☐ 3. INSURANCE ☐ 6. EXEMPTION	☐ 9. S	TATE	E FUN	ID & C	CD							422		
VI. LEGAL NOTIFICATION AND MAILING ADDRESS														
Check one box to indicate which address should be used for legal notifications and mailing. Legal notifications and mailings will be sent to the tank owner unless box 1 or 2 is checked.		1. FA	CILIT	Y [2. PR	OPERTY (OWNE	ER [] 3. TA	NK OWNE	R	423		
VII. APPLICANT SIGNATURE														
Certification – I certify that the information provided herein is true and accurate to the best of SIGNATURE OF APPLICANT	DATI					424	PI	HONE	Ξ			425		
NAME OF APPLICANT (print) 426	TITL	TITLE OF APPLICANT 4							427					
STATE UST FACILITY NUMBER (For local use only) 428	1998	UPGF	RADE	CERT	ΓΙΓΙCΑ	TE NUM	BER	(For loc	cal use onl	ly)		429		
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